

02/28/02
10039 U.S. PTO

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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No.	0008016-0008
First Named Inventor	Dwight Marcus
Original Patent Number	6,032,156
Original Patent Issue Date (Month/Day/Year)	02/29/2000
Express Mail Label No.	EV 057991170 US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB/ 56)
(Submit an original, and a duplicate for fee processing)
- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
- ☐ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- ☐ Power of Attorney
- Original U.S. Patent currently assigned? ☐ Yes ☒ No
(If Yes, check applicable box(es))
 - ☐ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
- ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
- Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- ☐ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
- ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- Other:

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

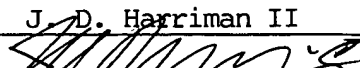
23600

or ☐

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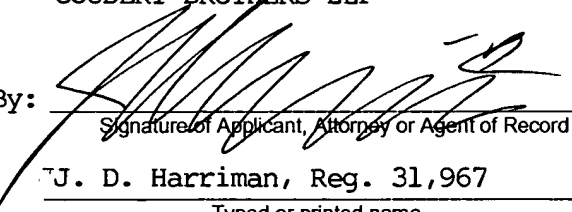
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NAME (Print/Type)	J. D. Harriman II	Registration No. (Attorney/Agent)	31,967
Signature		Date	02/28/2002

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 0008016-0008		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 41	Total Claims (37 CFR 1.16(i)) Independent claims (37 CFR 1.16(j))	(B) 41	**** 20 =	x \$ 9 =	180	or	x \$ ____ =	
(C) 5		(D) 5	. 2 =	x \$ 42 =	84		x \$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$ 370			
Total Filing Fee					\$ 634	OR	\$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	*** 103	MINUS	** 41	* = 62	x \$ 9 =	558	or	x \$ ____ =
Independent Claims (37 CFR 1.16(j))	*** 12	MINUS	***** 5	=	x \$ 42 =	294		x \$ ____ =
Total Additional Fee					\$ 852	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <p>02/28/2002</p> <p>_____ Date</p> </div> <div style="width: 50%; text-align: right;"> <p>COUDERT BROTHERS LLP</p> <p>By: </p> <p>_____ Signature of Applicant, Attorney or Agent of Record</p> <p>J. D. Harriman, Reg. 31,967</p> <p>_____ Typed or printed name</p> </div> </div>								

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